DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME (Type or Print) First Middle 2a. DATE KNOWN TO James Allender PM3-Poge DEATH MATED deloy the Stote Department IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD April 21-1896 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED | Va. U.S.A. WIDOWED TO Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) Route 7 Rail Road Rural Frederick 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER alon admission) STATE 13b. COUNTY Frederick Rural Fred ! K.YES | NO [] Route 24 hours 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Thomas Austin Allender Lottie Rains hours forworded to the Chief Medicol Exominer's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Alexandria **ADDRESS** 22300 be executed within (Yes, no. or unknown) (If yes give war or dates of service) Jack Duane Allender-5842 Fifer Drive-705-10-0032 File No event within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removol 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES [be 4 should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State NOT WHILE factory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | Inquiry and in my apinian death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER X 5 moy FO FUNE Heolth J. Thomas, M.D. Robert NAME (Type) ADDRESS(Street, city, tawn, or county) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Olivet Cemeterv Frederick, Md. 21701 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR M.R.Etchison 38 VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 77520 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR death (Type or print) Paul Easterday December 26 Day 1968 Baker 9:15P 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR DAYS AONTHS I Male White June 20, 1905 burial, cremotion, or removal, ond in any event, within 72 haurs a YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED [DIVORCED [Frederick Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.)

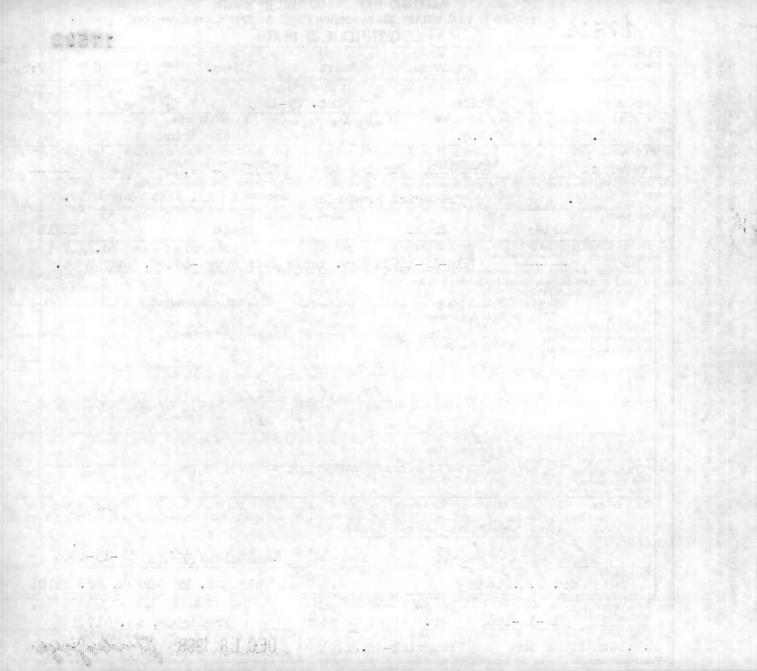
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INSIDE CITY LIMITS? | 13e. STREET AND NUMBER give street address) INDUSTRY Const. remove corbon Frederick Frederick Mem. Hosn. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN requires that the death certificate be executed Frederick NO X Middletown R.F.D.#1 Marker 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Franklin Lewis Baker Anna Cordelia Easterday 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Mrs. Clara R. Baker Yes, na, or unknown) (If yes give war or dates of service) 214-10-4770 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the ottendii burial-tronsit permit. DUE TO, OR AS-A CONSEQUENCE-OF Conditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to director, page 3 should be detached far use as the should be filed with the Stote Dept. af Health priar to has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P YES -TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. State City or Town County While Nat while at wark 220. I certify that (I) (this-haspital) attended the deceased from 1900, 1900, 100, 1900, 1101 (I) (see, 100) and that in (my) (our) opinion death occurred an the date and haur and from the ATTENDING 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert S. HUGHES Montclai 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Middletown Fred. Maryland .1968 Lutheran Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE DEC 3 0 1968 Minter Judge Gladhill Co. Middletown.Md.

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PT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR OF ESTI- DEATH MATED 12 23 MM
	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years birthday) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD YEAR 1968 37 M
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prederick Md.
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10	130	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Fred. Thurmont YES NO E Baugher Road
/		FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Josephine Ferguson
any event within 72 hadrs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mildred M. Bragunier Thurmont RD 1 M. 18 - 36 - 4617
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBLEM ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c) (c) Attrice Congestive Hear T Pailure Congestive Hear T Pailure (b) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (c) (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (c) (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (d) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORONORY AVTERY TORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE OF (e) CORON 655'S DUE TO, OR AS A CONSEQUENCE
	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 420
-	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\sqrt{N} \) NO \(\sqrt{N} \)
	MEDICAL CES	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	WE	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At hame, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
		22a. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL
2		NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)
]	b. Burial (REMATION, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 12-26-68 United Brethren Cem. 23d. Location (City or Town) (County) (Stote) United Brethren Cem. Thurmont Fred. Co. Md.
20	24	ENNERAL DIRECTOR Raymond Endorest reager Thurmont, Md Date DEC 27 1968 Clearles Quese

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0		17516	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STE CERTIFICATE OF		MARYLAND 21201	17527
1)		CEASED-NAME First	Middle	Lost		TE OF DEATH Month Doy	Yeor 2b. HOUR
		Wil	lliam Luther	Donsife	Ir	Dec. 16.	1968 2:10
1	3. SE		4. RACE	S. DATE OF BI	RTH	6. AGE (In years last bighday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1		Male	White	Dec.	25, 1901	66 YRS.	MONTHS DATA HOURS MIN.
	70. 8	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED 9. COUNT	Y OF DEATH	
	COUR	Maryland	USA		RCED 🔲	Frederic	K. Mo
4	10. C	Trederick	11. NAME OF HOSPITAL OR II	ISTITUTION (If not in haspital Mem. Hosp.	12a. USUAL OCCUPA during most of wor	TION (Kind of work done king life, even if retired.) gn Painter	12b. KIND OF BUSINESS OR INDUSTRY
4	130		sed lived, if institution: Residence before	Mem. nosp.	13d, INSIDE CITY LIMITS? 13	e. STREET AND NUMBER	
5	admi	ssion) STATE Maryland	VMontgomery	Damascus		10313 Lewis	Dr.
头	14. [ATHER'S NAME First	Middle Lost		AIDEN NAME First	Middle	Lost
		Willia			Emi	ly L.	Newlin
		WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY war or dates of service)	NO. 17. INFORMANT		Address	
	'	es, no, or unknown) (If yes give w Yes Wars		2622 Mr	s Miriam I	. Donsife, 1	Damascus, Md.
		18. CAUSE OF DEATH (Enter anl	nly one couse per line far (a), (b), and (c	1) PULMON	ARY EDE	ins	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Page 1	PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a) A CUTE L	EFT VENTRI	CULAR FAIL	URG	BOMIN
		4129	DUE TO, OR AS A CONSEQUENCE OF				
		Canditions, if any, which gove		RIOSCIEROTIC	HEART D	ISEASE	10 YEARS
Н		nise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		The literature		
		last. 4200	(c)				
		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART 1(a)	
		EMPH450					
	TION		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTO	PSY? 20	Db. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	CERTIFICATION			YES 🗆	NO 🗆	AUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYIN	NG 216. TIME OF INJURY			f injury in Port 1 or Part 2, It	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	TH HOUR A.M. Manth Day Yea	r	614		
	MED	(If either, natify medical examinated 21d, INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	19 ACTORY.) 21f. LOCATION Stree	et or R.F.D. No.	City or Town	Caunty State
		William Halling	OFFICE BUILDING, ETC.	/			
		at work of work	is hospital) attended the decea	sed from 196	2 . 19 . to	12/16/6819	, that (I) (wet la
		courtho decorred of	live on 12/16/66	19 and that in (m	y) (out) apinion dec		e ond hour ond from th
		causes stoted above	e, (I) (we) (did) (did not) view the	body after deoth.			
1		22b. SIGNATURE		M.D ATTENDIR	NG MED.	STAFF 22c. D	ATE SIGNED
		Bomea	ders	DEGREE PHYS.	DIRECTOR	STAFF /2	116/68
		22d. PHYSICIAN'S NAME (Type)	MEADORS, MD	22e. ADD 810		HIE FREDERICA	i, Mo.
	23a.	BURIAL, CREMATION, 23b. 1		CEMETERY OR CREMATORY	23d. LO	CATION (City or Town)	(County) (Stote)
		REMOVAL (Specify) De	c.18,1968	Lutheran		Middletow	n, Md.
	24.	FUNERAL DIRECTOR	ADDRES	S	2Sa. REC'D BY REGISTR		SIGNATURE
		Ulin L. Mol	esworth, Damascu	S, Ma.	DEC 19 19	968 Icharl	o junge

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		CEASED-NAME ype or print)	First Lola	Mid A •		lost rcus	2a. DATE OF I	DEATH Manth 12 Do	15 Year 68	2b. HOUR P
	3. SE	female		4. RACE caucas		s. date of birth 1/15/92		6. AGE (In years lost birthday) 76 YRS.		HOURS MIN.
	coun	Marylan	d	U.S.A.	WIDOWED			lerick		Md.
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0	odmi	ssian) SIAIE	d.	Frederic	k Woods	oro YES X N	0			
		WAS DECEASED EVER	First AYIYAR	Middle Die	DREAR	MOTHER'S MAIDEN NAME A IFORMANT	VIVIE	Middle Address	KLIN	Lost G
	100. y	es, no, or unknown)	(If yes give wor or	dotes of service)	- R	OBERT L.	DOREUS		BORO, N	TE INTERVAL
	3	PART I. DEATH	TH (Enter only o WAS CAUSED B) IMMEDIATE	one cause per line for (a), (b y: CAUSE (a)	s), and (c).) Shoc	k			BETWEEN ONS	ET AND DEATH
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	MEDICAL CE	21o. ACCIDENT WAS	CAUSE OF DEATH		ay Yeor 19	W INJURY OCCURRED (Ente			Item 18.)	
		21d. INJURY OCCUR While Not while at wark ot wark	°L	CE OF INJURY (AT HOME, FARM OFFICE BUILDIN				or Town	County	State
		220. I certify t sow the d couses sto	hot (1) (this beceased olive ted above, (1	nospitol) attended the s on	deceosed from	thot in my (our) op eath.	inion death o	ccurred on the do	te ond hour or	(we) last nd from the
		22b. SIGNATURE	en. 1	Sint	A D DEGRI		MED. DIRECTOR	22c.	DATE SIGNED OEC 6	
1	h	22d. PHYSICIAN'S NAME (Type)	GEORI			22e. ADDRESS				
	E	BURIAL, CREMATION REMOVAL (Specify)	23b. DATI		NAME OF CEMETERY OF		WOOD	(City or Tawn)	(County)	(State)
68	24.	FUNERAL DIRECTOR	/	Fullton Arm	ADDRESS Walkeress	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17529 1. DECEASED-NAME First Middle death. Last 2g. DATE OF DEATH 2b. HOUR Rages | and 2 Rours after death. executed within 24 haurs after death (Type ar print) Manth Fisher John Henry December 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) DAYS 1892 Male White August YRS. 7a. BIRTHPLACE (State ar fareign 7b, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) cigh and campletely filled in lease remave carban papers and in any event, within 72 WIDOWED TX DIVORCED [Frederick Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address) INDUSTRY Frederick Frederick Mem. Hosp. Baker Bread Fact. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) SIAJE Maryland 13b COUNTY Frederick YES TOP NO Frederick Hamilton Ave. 14. FATHER'S NAME First Middle last 1S. MOTHER'S MAIDEN NAME First Middle pe Philip Fisher Guilbert Nora Jane 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ASTR Fairview Ave Yes, na, ar unknawn) (If yes give war ar dates of service) burial, crematian, or remaval, 214-10-2988 TATTAT Henry E. H. Fisher Frederick, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to l 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES | NO [Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram 12/7/128, 19 saw the deceased alive an 1968, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Riddick M. D. NAME (Type) Frederick Medical Center Fred. 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 0 Lutheran Cemetery Middletown Fred. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Milantes DATE DEC 16 1968 30M REV. 1/68 Gladhill Co. Middletown, Md.

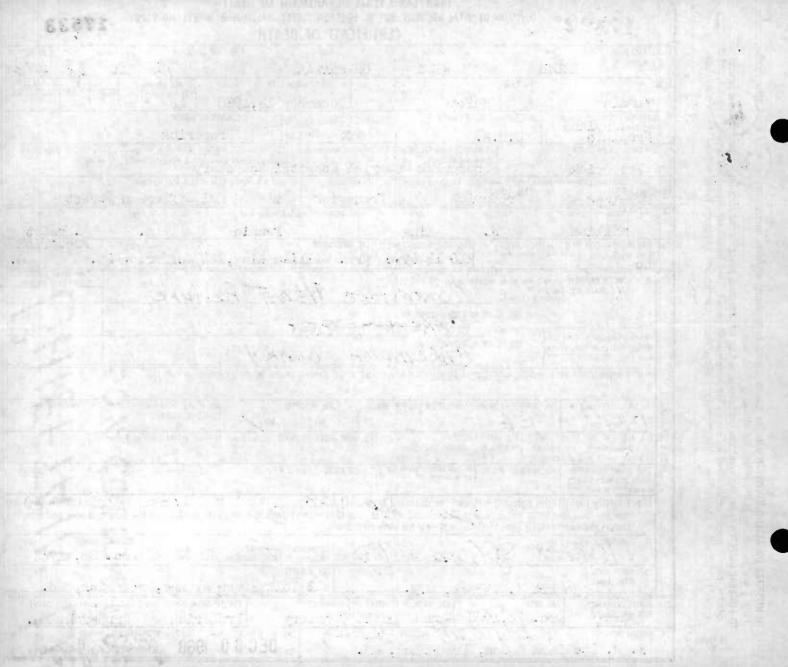
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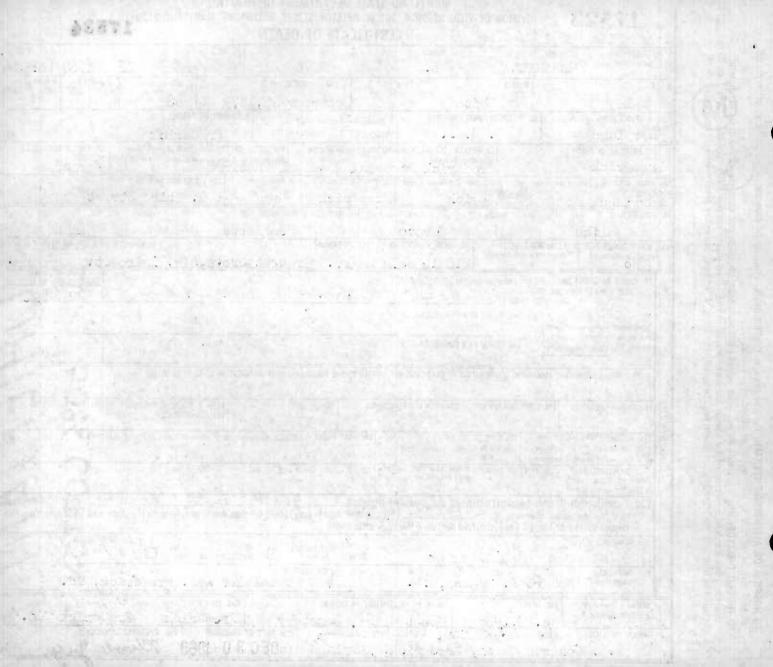
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FOR STATE HEALTH DEPT.	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH JECEASED-NAME First Middle Lost L	7531
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010 2 2 0 10		idmission) STATE Manuelland 13b. COUNTY Enclosich Fre desich YES NO 7th St	
24 hours in Item 18 r's Office 8 land 2 vrs after d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 Fin It		James M. Fritz Virginia	Bell
hauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages n any event within 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1
I within n pencil Examine File page		217-28-6764-A Mrs Bessic V. Truty, Welkersmille.	md. 21193
ed in Fir. F.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e, writt farwar used emava	FIG	WAS PERFORMED?	YES NO
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sho sho file 3 sho	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
ICAL EXAMINER: execute the certifor. Page 4 shaulted for your files. CTOR: Page 3 shauburial, crematian,		WHILE NOT WHILE foctory, office building, etc.)	
L EXA recute Page for you R: Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy 🖂, Inspection 🗍, Inquiry 🧻,	and in my apinian
ICA tor. ed ted t		death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner	
please I director retained I DIREC		CHIEF MEDICAL EXAMINER	
ry pl		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED
Sany Sany V by V by V by		EXAMINER'S DEPUTY MEDICAL EXAMINER DE	. 4 1960
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) ROBERT J. HOWAS ADDRESS(Street, city, tawn, ar caunty)	
01 = + 20 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (State)
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	3. SE		4. RACE			5. DATE OF BIRTH 28		6. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
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	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W		8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
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		rederick			morial	Hospital	letired	me, even n remet	Farme:	r
	13o.	USUAL RESIDENCE (Where dec	reosed lived, if institu	tion: Residence before	13c. CITY OR T		-	REET AND NUMBER		14.2
1	dum	ssion) STATE aryland	13b COUNTY	rick	Freder	ick YES	NO 6 W	. Third S	Street	
1		ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Last
		Elias		Grove		Henr:	Letta		Keh	ne
	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT		Address	Fre	derick
		es, no, or unknown) (If yes g	the motion and an addition	21/1 1/1 6/1	34 A Mr	s. Margaret	Grove,	6 W. Thir	rd St.	Md.
		18. CAUSE OF DEATH (Enter	only ane cause per li	ine for (g), (b), and (c)) 0		24	1.,	APPROXIA BETWEEN OF	NATE INTERVAL NSET AND OFATH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17536 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR death. (Type or print) Bertie Month 8 Dec. Day 68 Year Harris 1:05 Sarah after 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR Start birthdoy) HOURS Feb. 29, 1881 Female Colored 7 DAYS hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland United States Frederick WIDOWED DIVORCED [24 attending physician and completely filled sermit. Then please Temove carbon poper director, page 3 should be detoched for use os the burial-tronsit permit. Then please Ternove carbon pop should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, ond in ony event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR uted within Nursing & Con. C during most of working life, even if retired.) girp-streetoddress k **Rrederick** 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO TX admission) STATE YES rederickDickerson 1 Bex 109 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle ex Middle Last Last pe Jane Emma Millbury NMNStevensen Lemue] 16b. SOCIAL SECURITY NO 17. INFORMANT Address Fred . Md 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? The law requires that the death certificat Yes, no, or unknown) Butterfly Lane 213-16-2132 E. Harris Paul 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE-OF Conditions, if any, which gave ; rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospitol or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 hos been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? **DIRECTOR:** After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Doy Year either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while 220. I certify that (I) (this hospital) attended the deceased from 26, 19 6 d, to Cand that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on_ 12/8 causes stated obove, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type 700 Mentelair Ave Fred. Me Frank Damaze 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Md Bells Chapel Dickerson Fred. 12-11-68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) C.E. Hicks, 111 Frederick, Md 1968 DATE DEC

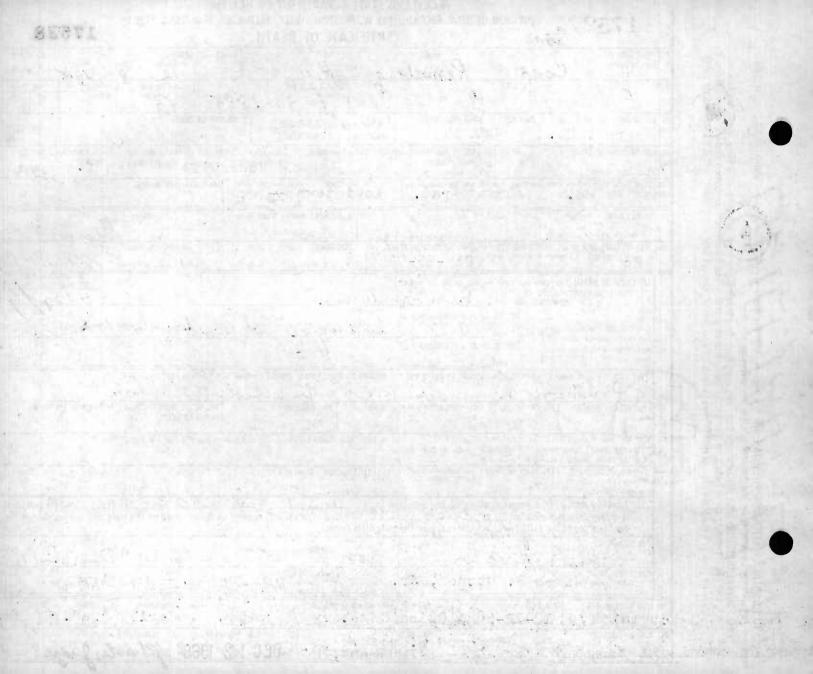
MARYLAND STATE DEPARTMENT OF HEALTH

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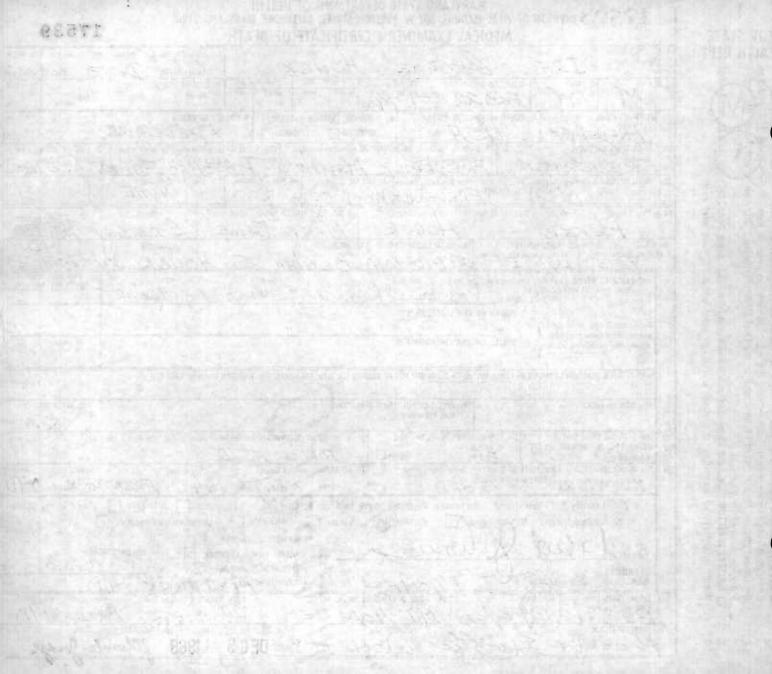
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s offer 18. Giv 2 with death.		USUAL RESIDENCE (WI	nere deceased	lived, if institu	tion: Resident				DE CITY LIMITS?		ET AND NUM			
18 oce oce oce or de		raision state		Freuer:	Lck		derick		NO NO	328	Park A		ie	
hin 24 hours offen ncil in Item 18. Gi niner's Office olon poges 1 and 2 with hours offer death	14. F	ATHER'S NAME	First	Middle	TT-	Last	IS. MOTHE	R'S MAIDEN I		Ti	Mid lizabe		Pea	Lost
hin 24 ncil in niner's poges hours	16a.	Josen Was deceased ever in i		RCES?	16b. SOCIAL SI	vker	17. INFORMA		Mary	<u>P.</u>	ADDRES		rea	TT
d within 24 hours ofter deoth in pencil in Item 18. Give Pages Examiner's Office olong with the File pages I and 2 with the Starte in 72 hours ofter death.	()	es, no, or unknawn)	(If yes give wa	r or dates af service)	27/1 7				Hawke	r,328			Frede	rick, Md.
This certificate should be executed within 24 hours ofter death ficate, writing the word "pending" in pencil in Item 18. Gye-Paga be forwarded to the Chief Medical Exominer's Office olong with d be used as o burial-transit permit. File pages land 2 with the Stator removal, and in any event within 72 hours ofter death.		18. CAUSE OF DEAT	H (Enter anly	one couse per Th	pe far (a), (b),	and (c).)	,	0	*	11	7	Λ	APPR	OXIMATE INTERVAL EN ONSET AND OEATH
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ate slag the ed to ed to so bu		PART 2. OTHER SIGNIF	ICANT CONDITI	(c) ONS CONTRIBUTI	NG TO DEATH	BUT NOT RELAT	D TO THE TER/	MINAL DISEAS	E OR CONDITI	ON GIVEN II	N PART 1(a)			
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INER: This certifica e certificate, writing should be forwarder files. 3 should be used as notion, or removal, o	CERTIFICATION	190. DATE OF OPERAT	ION			ON FOR WHICH	PERATION						- 100	UTOPSY?
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	CALC	PRIMARY OR CONT		HOUR A.I	٧.	19	ZIC. HOW IN.	JOKT OCCURR	ED (EIIIer IIII	ore or injur	y iii run i oi	Full 2, 11	em ro.,	
INER te cer shou files. 3 sho	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRE		ACE OF INJURY (At home, farm		21f. LOCATION	N Street ar R.F	.D. No.	City	ar Town		County	State
XAMINER: the the certified to the certified of the certified of the certified of the cremotion, cremotion,		WHILE NOT WHILE AT WORK	focto	ry, office buildin	g, etc.)								2390	
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DICA se e) ctor. ned ECTC		death resulte	d fram:	Natural caus	ies 🛛 ,	Accident [, Suicide	, Ho	micide [, Unde	termined i	manner		
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TO DEPUTY necessory, the funera 5 may be TO FUNERA! Health pr		EXAMINER'S NAME (Type)	Robert	R. R.	Robert	s, M.D.	Med. Co	entopress	(Street, city, t	own, or cou	inty)			
TO DEPUT necessory the funer 5 moy be TO FUNERA Health p	230	. BURIAL, CREMATION,	23b. D	ATE	23c.	NAME OF CEMET	RY OR CREMA	TORY		. LOCATION	(City or Tov		(Caunty)	(State)
, 0		REMOVAL (Specify)	Dec	. 5,196	8 Lut	heran C	4 11	13	Decir Su		erson,		ederic	ck Md.
VR A15ME (A)	24.	FUNERAL DIRECTOR	De la company	tukl	In	_ ADDRESS	redu		DEC 3	EGISTRAR 196			SIGNATURE	del.
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		17527	DIVISION OF V			ON STREET, BALT E OF DEATH	IMORE, MARY	(LAND 21201	175	38
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4 hour		BIRTHPLACE (Stote or foreign itry) Fred. Co.	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED N WIDOWED	EVER MARRIED DIVORCED	9. COUNTY OF D	ederich		Md.
completely filled in 59 The funeral nave corbon papers. Pages 12 and 21 y event, within 72 hour after death	F.	rederish	give str	E OF HOSPITAL OR INS eet oddress)	STITUTION (If not in I		occupation (1	Kind of work done e even if retired.)	12b. KIND OF B	USINESS OR Home
completely ave corbon y event, wit	13a. adm	USUAL RESIDENCE (Where deceosission) STATE Md.	ed lived, if institution 13b. COUNTY	n: Residence before	Lewist	N 13d. INSIDE CITY L	IMITS? 13e. STRE	ET AND NUMBER		
cion gad leose remond in ony	14.	ATHER'S NAME First	Middle	emsbur	15. MO	THER'S MAIDEN NAME F	irst	Middle	Green	Lost
physicion en pleose ovol, ond i	16a.	WAS DECEASED EVER IN U.S. ARA		6b. SOCIAL SECURITY I	6-11 -2	MANT Lecon His	u I	Address	- md.	SP1
at the death ce the attending ssit permit. The motion, or rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS	for (a), (b), and (c). A CONSEQUENCE OF A CONSEQUENCE OF)		L consed	lin mycis	APPROXIMATE APPROX	ITE INTERVAL ET AND DEATH COMMENT
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, created	CERTIFICATION	PART 2. OTHER SIGNIFICANT COI Partition 190. DATE OF OPERATION 19b.	S duran	e semo	lan 16 c	entennal 200. AUTOPSY? YES NO [2	20b. IF YI CAUSES O	es, were findings of DE DEATH?	ONSIDERED IN CER	TIFYING
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TENDING nined by th OR: After th ould be de out the State		220. I certify that (I) (the sow the deceased of causes stated above	is hospital) otten live on , (I) (we) (did) (d	ded the decease	ed from 98, and the body after deat	19 <u>-</u> at in (my) (out) opi h.	inian death ac	Curred on the da	(that (te and haur o	l) (we) last nd from the
PITAL OR AI may be reft. RAL DIRECT. r. page 3 sh be filed with		22b. SIGNATURE	Horns G	^	DEGREE			STAFF PHYS. D 9	Dicensor	768
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog	23a. Bi	BURIAL, CREMATION, 23b.	DATE 2-12-68		cemetery or crem		23d. LOCATION Nr. Fr	(City or Town)	(County) Fred.	(State) Co Md
VR A15 (47 30M REV. 1/68	24.	FUNERAL DIRECTOR	Bay m	ond E.C.	reager urmont.	Md DADEC		25b. REGISTRAR'S		R



53	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17539
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	oy Yeor 2b. HOUR
ay is 3 to Page	TRA GEORGE HOUCK DEATH MATED DEL	3 1960 6:6M
2, and 3 PM3 Part Part Part Part Part Part Part Part	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. AMONTHS DAYS HOURS MIN. DOY 79 YRS. 1. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. DOY	Yeor 19 M
dnn	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
£ 2 3	"FREDERICK GOH WIDOWED DIVORCED FREDERICK	Md
offer death 8. Give Page along with with the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) IND 12. USUAL OCCUPATION (Kind of work done like life, even if retired.) IND 12. USUAL OCCUPATION (Kind of work done like life, even if retired.) IND 12. USUAL OCCUPATION (Kind of work done like life, even if retired.) IND 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) IND	b. KIND OF BUSINESS OR DUSTRY RETIRED
24 haurs after death in Item 18. Give Peges r's Office along with to es I ond 2 with the State rrs offer death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NONE	
1 hours Item 1 Office I and 2 ofter d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle HOUCK MARY TAKE CERSON	lost
thin 24 nincil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	MD
d within in pencil Examine File pagi	(Yes, no, of unknown) (Hyes give was or Addres of Service) 217-10-9376 BF WITH S. HOUCK WE	DODS BORO
DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after sessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with a solith prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ractured Caused & Thoracia Spine	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e ex pend ef Me sit p	Conditions, if dny, which gave)	
Id bord "Chie Chie tran	rise to immediate couse (a), (b)	
shau e wa i the	lost.	
cate s ig the ed to ed to s a bi	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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is certific te, writin forward ie used o removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	20. AUTOPSY?
This ficate be for a per rear re	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	YES NO
bical Examiner: This certificate should se execute the certificate, writing the ward sctor. Page 4 should be forwarded to the Cland for your files. ECTOR: Page 3 should be used as a burial-transcript cremation, ar remayal, and in any	PRIMARY OR CONTRIBUTING HOUR A.M. GAUSE OF DEATH HOUR A.M. 5 P.M. 1968 HUTO ACCD.	
XAMIN ute the age 4 sl your fi Page 3 crema	WHILE NOT WHILE foctory, office building, etc.)	County Stote
L EXA ecute Page or you R: Pag		- hade
bical Edition of the property	22a. I certify that I taak charge af the remains described above, held an Autapsy . Inspection . Inquiry . death resolved fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	and in my apinion
please direct retaine DIRECT D	CHIEF MEDICAL EXAMINER C	
JTY Iny, ple eral di be rett RAL Di prior	SIGNATURE ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED ~
DEPUTY DICA SCESSORY, please eye e funeral director. may be retained FUNERAL DIRECTO	EXAMINER'S DEPUTY MEDICAL EXAMINER 12-3	3-60
o DEPUTY DICA necessory, please e the funeral director 5 may be retained o FUNERAL DIRECTOR Health prior to bu	NAME (Type) ROBERIO, TOMAS ADDRESS (Street, D. Toward Common RK MI).
21 + 51	230. BURIAL (REMATION, PEMOVAL (Specify) 1216/622 232. NAME OF CEMETERY OR CREMATORY 233. LOCATION (City or Town) (Control of the Control of	ounty) (Stote)
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
VR A15ME (5) 10M REV. 1/68	Howell + Starter WOODSBORGDATE DEC 9 1968 Achan	as Judge



1 7	MARTLAND STATE DEPARTMENT OF HEALTH A PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	E W a T/2. V. V	540
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	y Yeor 2b. HOUR
lay is 13 ta Poge	JAMES BERNARD JONES DEATH MATED DEC.	5 1968 1p26
delay and 3 M3. Pog	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Months. Doy.	Yeor CO 2d. HOUR
2, and PM3.	13 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	168 M
De II - De	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1. COUNTY OF DEATH	
h fa h fa	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12th	b. KIND OF BUSINESS OR
frer death Give Pages ong with far th the State ith.	Frederick, Md. Priederick Memorial Hosp. Policeman	.C.Police
hin 24 hours after death any delay nothern Item 18. Give Pages 1, 2, and 3 niner's Office along with farm PM3. Pages I and 2 with the State Department hours after death.	120 LICITAL DECIDENCE (Where decored lived if incitation, Occidence before 13c CITY OF TOWN 13d INSIDE CITY IMITS? 13e STREET AND ANIMADED	245 Dept
hour Item Offlice	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
1 24 T		iles
hin 24 anctin miner's. pages hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes: Yes: Yes: Yes: Yes: Yes: Yes: Yes:	- 422
File X of S	were at 1 10 of 1/1 of the section (will be before	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive heart failure	BETWEEN ONSET AND DEATH
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be "pe "pe "pe "pe "pe "pe "pe "pe "pe "p	Conditions, if any, which gove (b) coronary artery thrombosis	
ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te should be executed the word "pending" in period to the Chief Medical Exama a buriof-transit permit. File and in ony event within 72	(c) arteriosclerotic cardiovascular disease	
This certificate should be executed late, writing the word "pending" is be forwarded to the Chief Medical I be used as a buriol-transit permit. In remaval, and in ony event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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his of the following the following following the following followi	WAS PERFORMED?	YES NO 🕾
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AL EXECUTED PAGE FOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry,	ond in my opinion
olease explained director. DIRECTO	deoth resulted from: Noturol causes 🗷 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
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o DEPUTY DICA necessary, please e. the funeral director 5 may be retained o FUNERAL DIRECT Health prior to bu	NAME (Type) Robert J. Thomas, M. D. ADDRESS (Street, city, town, or county)	
TO DO THE TO FULL Heol	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (Stote)
	burial 12/10/68 Forest Oak Cemetery Gaithersburg, M	d.
VR A15ME (5)	The S.H. Hines ompany	
10M REV. 1/68	2901 14th St. N.W. Washington, D.C. PAGEC 10 1968 June	

RESTALLARIAN RESTAURANT OF BLAIM a production of the second contract of the se Balla II abana kaca II alian and the company of th with the control of t the investment in the present of the pages based as The same of the sa agon think at . W. W. Jespannedo. L.C. 1986 10 1986 Miller

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17541 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR funerol I ond 2 er deoth. 24 hours after deoth. Month (Type or print) Virginia Thomas Kennedy Dec. 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNOER 24 HRS. 3. SEX 6. AGE (In years last birthday) MONTHS DAYS HOURS White Female Nov. 19-1920 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Frederick U.S.A. WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address) during most of working life, even if retired.) **INDUSTRY** pleose remove corbon Frederick Frederick Homemaker ond complete 13c. CITY OR TOWN 7 HIST INSIDE CITY LIMITS? buriol, cremation, or removol, and in ony event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER requires that the deoth certificate be executed admission) STATE 13b. COUNTY NO Frederick Rural-Fred Route 10 Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost Harold Florence R. Thomas Kelly physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 21701 Yes, no, ar unknawn) Not available Melvin Ira Kennedy-Route 10-Frederick-Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T NO X FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (II) (this haspital) attended the deceased fram guly, 1968, to Dec 127, 1968, that (II) (we) last saw the deceased alive on Dec 26, 1968, and that (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Frederick Med. Center-Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL CREMATION. 23b. DATE REMOVAL (Specify) Bems Chapel Cemetery 0 Lurav- Va 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 3 VR A15 (4) Frederick, Md. 21701 DATEDEC 1968 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2g. DATE OF DEATH (Type ar print) the funerol FRANCES CATHARINE December 1 KINTZ certificate be executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years in by the last dirthday) Female White 1910 Oct. 13. burial, cremation, or removal, ond in ony event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Frederick. WIDOWED 1 DIVORCED [7] completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Remorial Hospital Empl. at Flower Shop. Frederick 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Frederick Frederick 502 Magnolia Avenue Maryland YES NO 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ond Unknown X Lillie Sulcer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 214-10-1124 Mr. Carl H. Kintz 320 Oueen St. Fred. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO K 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from. . 19.60, ta saw the deceased alive an illicit 1908, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 12-15-1968 DEGREE PHYS Toll House Avenue NAME (Type) Dr. Robert J. Thomas M.D. Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) BEMOVAL (Specify) Erederick, Md. Mount Olivet Cemetery Frederick 12-18-1968 2Sb. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Robert E. Dailev & Son Frederick. Md. 1968 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7544 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH fages 1 and 2 urs after death. 2b. HOUR a 24 hours after deoth (Type or print) December 27 Doy Outerbridge Koontz 11:50M Ralph 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS Jan. 13- 1898 White Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. Frederick WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY M. 7. L. Frederick Frederick Mem. Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY NO S Md. Rural Frederick Jefferson remove Ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Lost physicion ond E. Koontz Clara Jeannette Frank Bussard and 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Mrs. Amanda Koontz-Jefferson, Md. 21755 213-01-5551 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF (b) Certino relevate Ment Dis Conditions, if ony, which gave) burial-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been os the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? for use YES 🗌 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Tawn County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 3000 , 1900 , ta 22, 1960 , that (I) (we) last saw the deceased alive an 2000 1960 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 12-28-1968 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Dr. Thomas E. Stone W. Third St., Frederick, Md. 21701 NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Frederick, Md. 21701 12-31-1968 Mt. Olivet Cemetery ADDRESS Whitmore 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frederick, Md.21701 ochemia & Son DAREC 30 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

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	It.	ems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 27-69 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 175	49
T.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day OF ESTI-	-0 10
	,	Ada Mae Myers Death Mared Dec.	28 168
	3. SE	last birthday) MONTHS DAYS HOURS MIN, Asansh Day	2d. HOUR
		remale Negro April 19,1920 48 ks. Dec. 28	Year 168
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		ntry) Maryland USA WIDOWED DIVORCED Trederick	M
-		Frederick give street address) Frederick Mem. Hospital during most of working life, even if settred. INDU	KIND OF BUSINESS OR ISTRY CLOTY
E	130.	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE vland 13b. COUNTY arroll Mt. Airv YES NO 2 RFD # 4	
	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Charles Thomas Alverta G	Lost
	1/	•	ray
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doiles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Airv. 1	
ı			APPROXIMATE INTERVAL
Ì		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: 4270 Acute congestive heart failure	
		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Probable cardiac arrythymia	
		rise to immediate cause (a), (0) 110000110 Cartata arry (1), mra	
		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
51		4341	
ı	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	TIFIC	WAS PERFORMED?	YES NO
١	CER	21a. EXTERNAL CAUSE WAS 21b. TIME OF, INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18	8.)
	MEDICAL	PRIMARY OR CONTRIBUTING AM. 2:15 P.M 19 Auto accident	
J	ME		ounty State
		WHILE AT WORK AT WORK TO AT WORK	rick Md.
ı		22a. I certify that I taak charge of the remains described above, held an Autopsy. Inspection , Inquiry ,	and in my apinio
		death resulted fram: Natural causes 🗵 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
		CHIEF MEDICAL EXAMINER	
1		SIGNATURE OLUM DUDILLA ASSISTANT MEDICAL EXAMINER 22D DATE SIGNI	821968
		EXAMINER'S NAME (Type) Robert J. Thomas, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	20,1100
	000		
	230.	a. BURIAL (REMATION, PEMOVAL (Specify) Dec.31,1968 23c. NAME OF CEMETERY OR CREMATORY Dec.31,1968 Simpson Meth. 23d. LOCATION (City or Town) (Courties) Poplar Spring	**
	24	Burial Dec.31,1968 Simpson Meth. Poplar Sprin FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	0
	27.	Olin L. Molesworth, Damaseus, Md.	
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	17530	First Middle	CERTIFICATE OF DEATH	2o. DATE OF DEATH	7550
	DECEASED-NAME (Type or print) BE	OATE GUY	MYERS	December 16 Do	7:30 7:30
3.	Male	4. RACE White	S. DATE OF BIRTH June 12,	6. AGE (In years lost/birthdoy) YRS.	MONTHS OAYS HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign untry) Virginia	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Frederick,	Mo
10.	CITY OR TOWN OF DEATH KNEXX Freder:	ick 11. NAME OF HOSPITAL OR	Mem. Hospital du Re	UAL OCCUPATION (Kind of work done most of mother)	12b. KIND OF BUSINESS OR INDUSTRY
10 od	n USUAL RESIDENCE (Where demission) STATE Maryla	deceosed lived, if institution: Residence befo and 13b. COUNTY Frederic	re 13c. CITY OR TOWN K Frederick YES		rederick
14	FATHER'S NAME First John	Middle Lost Franklin Myes			Lost
16	6/2	S. ARMED FORCES? es give war or dates of service) 217-09-3		yers Rt.# 7 Frede	erick. Md.
NO	Conditions, if ony, which or rise to immediate couse stating the underlying colost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE (o), DUE TO, OR AS A CONSEQUENCE (c) OUSSE (c) OT CONDITIONS CONTRIBUTING TO DEATH, BOT	DE SECULIARIO TO THE GERMINAL DISEASE OF		10 yrs
SERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	YES NO [
MEDICAL C	OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH HOUR A.M. Month Doy Ye	or 19	ter noture of injury in Port 1 or Port 2,	County Stote
	220. I certify that (I	() (this hospital) ottended the decered olive on bove, (I) (we) (did) (did not) view the	osed from, 19	pinion deoth occurred on the do	ote and hour and from the
	22d. PHYSICIAN'S NAME (Type) Dr.	. J.R. Poirrier	M.D. 22e. ADDRESS Freder	ick, Maryland	

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		17520		301 W. PRESTON STREET, BA		*****
	. 0	COLORD HAME		CERTIFICATE OF DEATH		17551
death. and 2 death.		CEASED-NAME First ype ar print)	Middle	A C Last	2o. DATE OF DEATH Manth	Doy Yegr Zb. HOUR
uner T de	3. SE	Pearl	4. RACE / / ~ /	IS. DATE OF BIRTH	Dec 2	IF UNDER 1 YEAR IF UNDER 24 HRS.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely fitted in by the black should be defached far use as the burial-transit permit. Then please remave carriet, appers. Pages 1 with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 2 hours after		temale	White	June 10, 1	894 6. AGE (In years last birthday) 74 YR	MONTHS DAYS HOURS MIN
A Poor	70. I	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24	F	estburg, Md.	U.S.A.	WIDOWED DIVORCED	Frederick Co.	Md.
ia 34 90		rederick, Md.	give street address)	STITUTION (If not in hospital lead uring County Home Oper	SUAL OCCUPATION (Kind of work dan most of working life, even if retired rator of beauty s	e 12b. KIND OF BUSINESS OR INDUSTRY
ed w	130	LISTIAL PESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER	внор
complet complet ave carry event,	adm	ssion) STATE Maryland	13b. COUNTY Frederick	Emmitsburg YES	North Setor	Street.
and comprements and comprement	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
be rar	10	George	Neimar	ı	Ella	Shean
ertificate be physician c en please oval, and i		WAS DECEASED EVER IN U.S. ARM es, na, or unknawn) (If yes give wo	ne as datas of comical		Address	
rtific physen poval,		No	065-28-51	186 A E. G. Storm	Frederick, Mary	land
equires that the death certificate be executed physician. signed by the attending physician and complet burial-transit permit. Then please remave car burial, crematian, ar removal, and in any event		 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED 	y one cause per line for (a), (b), and (c)) O Promosil	401	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AN: al ol icate far Hea		21 g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH		21c. HOW INJURY OCCURRED (Er	ter nature of injury in Port 1 or Part	2, Item 18.)
SICI spiit entif ed in	MEDICAL	(If either, natify medical examin	er) P.M. 1	9 CTORY.) 21f. LOCATION Street or R.F.D.		C
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre		While Nat while at work	OFFICE BUILDING, ETC.			Caunty State
by (fter be be Stat		22a. I certify that (I) (thi	s haspital) attended the deceas	ed from 19 20, 19 19 S, and that in (my) (aur) a	@8, to sec. 20,	19 <u>6</u> , that (1) (we) last
R: A		causes stated above	ive an (did) (did nat) view the	body after death.	pinian aearn accurrea an the	date and hour and from the
AT Show ith with with with with with with with		22b. SIGNATURE	0-10	1	ALED CYAFF 22	Cc. DATE SIGNED
OR DIRE		Bernard	0. / homas	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Jec. 20, 1968
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN'S NAME (Type) Bern	ard O. Thomas Jr.	22e. ADDRESS	ederick, M	nd Fredk. Md
HOS ge 4 FUNI recto	230.	BURIAL, CREMATION, 23b. D	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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VR A15 400	24.	FUNERAL DIRECTOR	PALL! ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE
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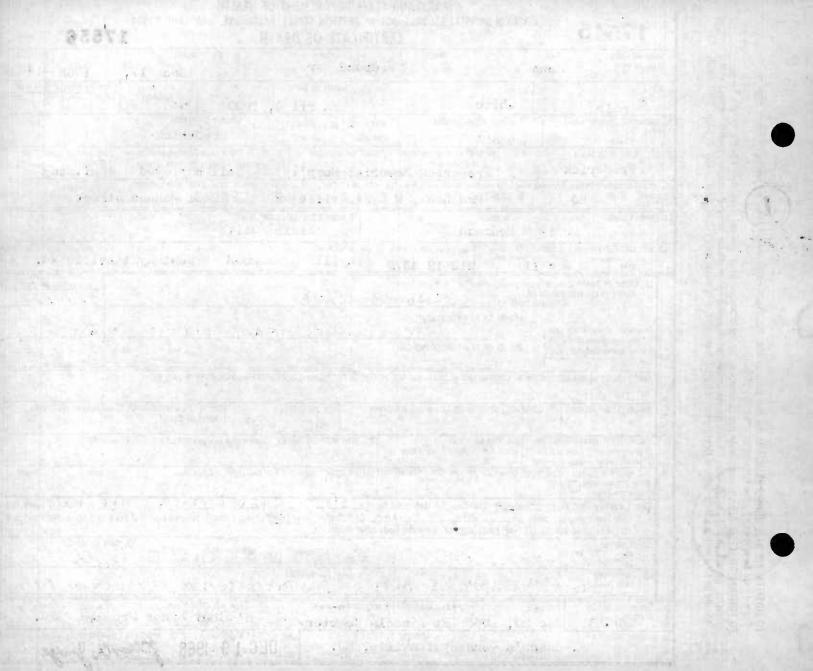
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		ype ar print)	EDITH			Middle M •	0S	BORN		De ce	mbe ^{lenth}	1⊕°°	1968		26. HOUR 12:30
	3. SE	Female		4. RACE	White			S. DATE OF BI	8, 188	5	6. AGE (In y	rears ay) YRS.	MONTHS DAY		NDER 24 HRS. JRS MIN.
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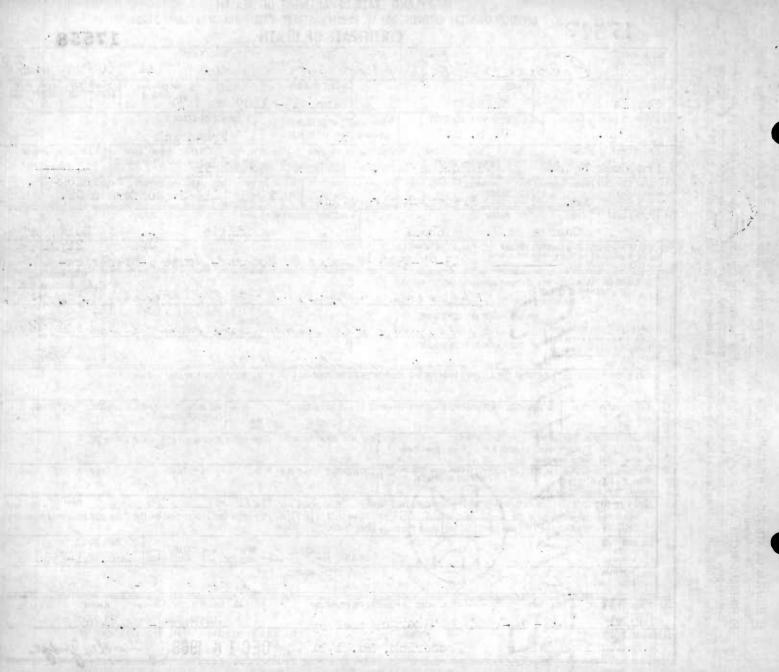
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17545 17556 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Inst 2o. DATE OF DEATH 2b. HOUR signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages J and 2 burial, cremation, ar remaval, and in any event, within 72 haurs after death. within 24 haurs after death. (Type or print) R Redmond sr Manth John 2;45 % Dec 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) white April 4, 1920 male 7a. 81RTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Frederick USA WIDOWED [DIVORCED [Md 10. CITY- OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) Frederick Frederick Memorial Hosp't Building Self employed 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER 136. COUNTY Pro Geo admission) STATE Hyattsville YES NO M 2421 Hannon street 14. FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle Louis P Redmond Elsie Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. ar unknawn) (If yes give war or dates af service) Phyllis A Redmond West Hyattsville Md. 212 12 2370 yes APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only and couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: CARDIAC HRRGSI 40 m/W. IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) ARTERIOSCLEZOTIC HEART DISCASE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DUDDENAL ULCER TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to O HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town County State While Nat while at wark of work 22a. I certify that (I) (this haspital) attended the deceased from 12/12, 1966, ta 12/17, 1966, that (I) (we) last saw the deceased alive an 12/12 1968, and that in (my) (we) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (die not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** readors. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S F. MGADORS, MO FREDERICK, MO NAME (Type) 8 10 TOLL HOUSEAUR 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Colmar Manor Pro Geo REMOVAL (Specify) Md. Dec 20, 1968 Ft Lincoln Cemetery DATE DEC 19 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 1968 30M REV



6		17546	DIVISION OF VI	TAL RECORDS,	ERTIFICATE OF	DEATH	RE, MARYLAND	21201 7	7557	
and completely filled in by the funeral sermance carban papers. Pages 1 (nd-2) in any event, within 72 haurs after death		ype or print) E	lla	Middle Julia	Rhoderick		DATE OF DEATH Month	17 Doy	68 Year	2b. HOUR]
tilled in by the tune papers. Pages 1 thin 72 haurs after o	3. SI	x Female	4. RACE Whi	te	S. DATE OF Jan.	BIRTH 16- 1872	6. AGE (In	years nday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
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	160.	No -	war or dates of service)	b. social security n 220—LLLL—6L	168 Mrs. Ra	y D. Skeg	TOTOT TOTE	Address Jeffer	Md. 21'son St	701. MATE INTERVAL
		18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDI	nly one cause per line to D BY: ATE CAUSE (a)	or (o), (b), and (c).	extine Co	rdiacx	ailure		BETWEEN OF	NATE INTERVAL NSET AND DEATH
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		stating the underlying cause last.	(c) (C)	CONSEQUENCE OF		Co cocco c	varcular	dis.	15	y
2	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN PART 1	(0)		
2	CERTIFICATION		CONDITION FOR WHICH		YES [NO 🛣	20b. IF YES, WERE CAUSES OF DEATH?			RTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYII ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exami	TH HOUR A.M. /	Month Day Yeor		CCURRED (Enter natu	re of injury in Port 1	or Port 2, If	tem 18.)	
	W	at work ot work			ORY.) 21f. LOCATION Str		City or Town		County	Stote
		22a. I certify that (I) (the saw the deceased of causes stated above	live an (diff) (di	led the decease	d from /1/2 9 2, and that in (r	my) (aur) apinian	, ta <u>17Do</u> death accurred	e, 19 <u>.0</u> on the dat	te and haur	(I) (we) last and fram the
		22b SIGNATURE	L Couls	(1)	M DEGREE PHYS.	DING MED.	OR STAFF		PATE SIGNED -18-1968	3
1		22d. PHYSICIAN'S NAME (Type) Dr.	Charles H	. Conley-	22e. AC			k-Md.	21701	
2		REMOVAL (Specify)	DATE 2-20-1968		EMETERY OR CREMATORY		I. LOCATION (City or Frederick		(County) 21701	(Stote)
8	24.	FUNERAL DIRECTOR Elive M.R. Etchison	& Son	ADDRESS	Whitmere k-Md. 21701	2So. RECD BY RECO	SISTRAR 2Sb. F	REGISTRAR'S	SIGNATURE	ye.

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CERTIFICATE OF DEATH 175.61 20. HOUR Page or print) 1. SEX A RACE 1. SEX A RA	/		17549	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BA		
Locid Association Decision	P		1030		CERTIFICATE OF DEATH	House and	17560
3. SEX 4. BACE 3. DATE OF BURNET 1. BACE	4 24			Middle	a Last		
70. BRITCHEART (State of foreign 70. CITIZED GO WHAT COUNTRY) 8. MARRIED NOVER MARRIED 9. COUNTY OF DRATH WOOVED 10. CITY OF TOWN OF DRATH 11. MAKE OF HOSPITAL OR INSTITUTION (first at minospiel) 120. USUAL EXCENSION (find of work down of work down of the minospiel) 120. USUAL EXCENSION (find of work down of the work down of the minospiel) 120. USUAL EXCENSION (find of work dow	ero ero leot	(ype ar print)	Paul.	Delha	Month [
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17561 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 2g. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) Month 3. SEX 4 RACE S. DATE OF BORTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) ederick filled in U.S.A. WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address)
Frederick during most of working life, even if retired | INDUSTRY OSPITAL Laborer Storage Frederick pletely Memorial Movi 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed ng admission) STATE NO Z YES Dublin Road ond com Walkersvi and in any e remov 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Upton George Shepley Hattie V. Wachtel Shepley physicion 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Md. Yes, no, or unknown) be detoched for use os the buriol-tronsit permit. Then pl State Dept. of Health prior to buriol, cremation, or removol, 217-12-1742 Lena L. Mrs. Shepley Walkersville 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH Canditions, if ony, which gave) has been signed by the se os the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🗌 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work Oct. 1968, to 22a. I certify that (1) (this haspital) attended the deceased from. Dec. 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ director, page 3 should should be filed with the causes stated abov (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) E. Crosby James Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Jan. 2.1969 Grossnickle's Myersville Fred BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) DATE , Myersville

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First 2o. DATE OF DEATH death. pup (Type or print) Gladys Dec Month Smith Naomi 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR within 24 hours after last birthday) Female White Feb.23.1914 an papers. Pag within 72 houry 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland filled in Frederick U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dung most of working life, even if retired.) JeffersonPost Broad Run Rd. 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Broad Run Rd. odmissimbo May Land 13b rewderick Jefferson Jefferson 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Stockman Anna Ringold Harvey The law requires that the death certificate be burial, crematian, ar remaval, and in 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address. no, or unknown) (If yes give war or dates of service) None Smith H. F. Dullefferson Floyd J. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ETWEEN DISET AND DEATH burial-transit permit. Conditions, if only, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? Carcinoma CAUSES OF DEATH? YES [NO P 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while 22b. SIGNATURE 22 DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S Middletown, Maryland Elmer Harp NAME (Type) 12,1968 Lutheran Cemetery 230. BURIAL CREMATION,

REMOVAL Specify) 23b. DATE 23d LOCATION (City or Town) Middletown (Stote) Dec. 24. FUNERAL DIRECTOR Middletown, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Gladhill Co. 196B

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TIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 17566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth (Type or Print) ESTI-CLARA MAE SOPER DEATH MATED IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD pup White April 15,1897 Female YRS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. WIDOWED 3 DIVORCED [Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a: USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Residence during most of working life, even if retired.) INDUSTRY with the Limekiln in pencil in Item 18. Give, after death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY erick Limekiln YES X NO Limekiln, Maryland pages land 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle McKnight Charles Dean farwarded to the Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service) James F. Soper, 443 W. South St. Frederick, Eile within APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) burial-transit Canditians, if any, which gave rise ta immediate cause (a), This certificate should writing the ward stating the underlying cause dovesculor Risease .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS ar remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 4 shauld be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry and in my opinion Notural couses . Accident Suicide deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral TO FUN. 812 Tolderum ondere Examples **EXAMINER'S** Thomas, M.D. Frederindass (sind city, tawn, or county) NAME (Type) Robert 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) Burial (Specify) St. Paul's Cemeterv Point of Rocks Frederick. Md 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) M. R. Etchison & Son, Frederick, Maryland

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2g. DATE KNOWN 2b. HOUR (Type or Print) ESTI-10 p Ronney Nelson Spence Dec. DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and 2 with the State Department 4. RACE 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White Nov. 7. 1937 December 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 9. COUNTY OF DEATH Troyd, Virginia WIDOWED [DIVORCED TX U.S.A. Frederick Item 18. Give Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **INDUSTRY** Tuscarora Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13 COUNTY rick admission) STATE Tuscarora, Maryland Tuscarora 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Ellis Spence Tillie Moles 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, na, ar unknown) Jorris Spence, Adamstown, Maryland within , APPROXIMATE INTERVA = be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. Medical PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (o' Conditions, if any, which gave rise to immediate cause (o), This certificate should please execute the certificate, writing the word stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (AI home, form, street, form), office bailding, etc. S 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County moy be retained for your FUNERAL DIRECTOR: Poge 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b-DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTE MEDICAL EXAMINER Heolth Robert J. Thomas, M.D. Frederick, Md. ADDRESS(Street, city, town, or county) 50 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) Willis Cemetery Floyd County Va. 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) M. R. Etchison & Son, Frederick, Maryland 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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M3.	Male Nerre 7-4-1913 55 YRS. MONTHS DAYS HOURS MIN Month Day Year 1968 1/37 M
ith the State Depart	70. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.C. MARRIED W NEVER MARRIED 9. COUNTY OF DEATH
with the State Departmeenth.	COUNTRY) NITOWED DIVOPCED D
00	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. KIND OF 8USINESS OR during most of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
÷ .	Mt. Pleasant Mt Pleasant Rt 1 Laborer
deoth	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE M2 13b. COUNTY Fred. 13c. Pleasant YES X NO \(\square\$ 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Fred. 15c. Pleasant YES X NO \(\square\$ 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Fred. 15c. Pleasant YES X NO \(\square\$ 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. NSIDE CITY LIMITS?
To /	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ofter d	
hours	Joseph Samuel White Trecte Mae Herbert 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
72 hours	(Yes, na, ar unknown) (If yes give war or dates of service) 219-03-7786 Alice White Rt 2 Frederick, Md
in 7	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
within	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART PAILURE
d +	4/09 DUE TO, OR AS A CONSPONENCE OF
buriol-transit I in ony even	Conditions, if any, which gave rise to immediate cause (a), (b) CORONORY ARTERY Throm Dosis
ony	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. (c) Attanio scleratie Cardiovascular Disease
and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
5	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.)
iovoil 2	WAS PERFORMED? YES □ NO □
	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.)
	CAUSE OF DEATH P.M. 19
	Tald. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	AT WORK AT WORK
	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion
o buriol	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
101	ACTUAL O'SELEMATION O'SELEMATIO
E S.	DEPILITY MEDICAL EXAMINER \$ 12/1/68
ARY ARRAN	Chame (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)
300	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
RYLA	REMOVAL (Specify) Butial 12-13-68 Fairview Frederick Fred. Md
5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
X	C.E. Hicks. 111 Frederick. Md DATE DEC 16 1968 Schools Inde

47871 A LEAD OF STOLEN TO A STOLEN THE STOLEN Turadoni il di se sesse il il il consessiti di Intel 1 To descript 19. The . a control of the financial control attacks and all all the local of the last att Noite on 12 to 1 attitue and 1 to 1 The 10-12 Course in the second section of the second s de la company de

MARYLAND STATE DEPARTMENT OF HEALTH QIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) ESTI-OF Poge Kenneth Elwood Wilson DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR Male Oct. 15, 1929 White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED [DIVORCED F Frederick Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Mealey's Restaurant during most of working life, even if retired.) INDUSTRY New Market Truck Driver Hauling 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Frederick YES NO T Emmitsburg 24 hours 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Walter Elwood Wilson Bertha Irene Wetzel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT This certificate should be executed within (Yes, no, or unknown) Mrs. Irene Wilson, Taneytown, Md Unknown within 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (b). permit. BETWEEN ONSET AND DEATH PART !. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), writing the word stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO removal. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES TO NO T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Natural causes A. Accident . Suicide moy be retoined death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Keysyille Cemetery Tanevtown. Carroll 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) C.O.Fuss & Son 10M REV. 1/68

TO US THE PROPERTY OF THE PARTY Lordon crows Archers | notice through noting that The state of the same of the s Difference of the company of the contract of t C. O. Long V. E. St. 1987 St. Comp. Comp. of the Comp. 1988 St. Comp. Comp. Comp. 1988 St. Comp. Comp.

1/ 1	Item2a FilmGlo8 MARYLAND STATE DEPARTMENT OF HEALTH 1/8/60 lels DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	1.	/8/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Dow	Year 2b. HOUR	
lay is 13 ta Page ent of	7 ((Type or Print) HENRY NOAH WISE DEATH MATED 12 29	1968 M	
delay and 3 A3. Pa	3. SI	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years 1 UNDER 1 YEAR 1 UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR	
2, and PM3. F		M W MAY 26, 1904 64 YRS. DEC. 29	1968 A:M	
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
S p		W.VA. U. J.A. WIDOWED G DIVOKED JREDERICK	M	
after death 8. Give Pages 1, alang with farm with the State of	10. 0	give street address). during most of working life even if retired.) INDUSTR	ID OF BUSINESS OR	
er de Sive P ng win h the h.		D.O.A. FREDRICK FREDERICK MEM. HOSP COAL MINER D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER		
		odmissian) STATE W. VA. b. COUNTY LOGAN LAND VILLE YES NO		
Offlice Offlice Offlice	14. F	FATHER'S NAME First Middle Last I.S. MOTHER'S MAIDEN NAME First Middle	Last	
		JOHN WISE SARAH LEOTA PA	HIEN	
hin 24 niner's pages hours		. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO.] 17. INFORMANT ADDRESS	The Party of the P	
within pencil xamine ile pag 72 hou	(1	Yes, no, or unknown) (If yes give war or dates of service) 234-14-0752 MRS. F. RIDGLEY CRAMER, WALKE	RSYILLE	
- III UL		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
be executed "pending" in lief Medical Es Insit permit. Fi	14	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cicule Congestive Leave Faulure		
be exe "pendi hief Me ansit pe event		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)		
d 'F d 'F Chie rans		rise to immediate couse (a).	na	
shauld be one ward "pe a the Chief burial-transit	12	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
te sho the w I ta th a buri a buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
is certificate te, writing the farwarded to e used as a tremaval, and	_	50 20		
certif , writi arwar used mava	CERTIFICATION		. AUTOPSY?	
This citate, be far ar remar rem	TIFIC	WAS PERFORMED?	YES NO	
# 7 4	1 CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 12b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURREO (Enter nature of injury in Part 1 ar Part 2, Item 18.)		
XAMINER: Tree the certificage 4 should by your files. age 3 should cremation, ar	MEDICAL	CAUSE OF DEATH P.M. 19		
the the 3 cmg	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while not not while not not while not not while not	y Stote	
		AT WORK AT WORK		
Tio Re le	1		nd in my apinion	
please e l directar retained . DIRECT		death resulted from: Natural causes A, Accident , Suicide , Homicide , Undetermined manner		
please l directo retained L DIREC	1	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 226-PLATE SIGNED	- ()	
		SIGNATURE	29.1968	
necessary, please e: the funeral directar. 5 may be retained TO FUNERAL DIRECTO Health priar to bu		NAME (Type) ROBERT J. THOMAS ADDRESS(Street, city, town, or county)		
10 To He	23a	o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)	
		REMOVAL 12/29/68 HIGHLAND MEM. GARDENS LOGAL	W. W.YA	
1/0 A 1/5/4/5 (5)		FUNERAL OIRECTOR ADDRESS MD. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR	(E)	
VR A15ME (5) 10M REV. 1/68	0	3. C. BARTON, 40 FULTON AVE, WALKERSVILLEDATEJAN 3 1969 Achanles!	Judge.	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7579 HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-5 RUSSELL 1968 DEATH MATED lond 2 with the Stote Department 3. SEX 4. RACE IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR lost birthday) Dqy3 eb.28,1902 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED TO Frederick Warvland U. S. Item 18. Give Poges 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Office olong with 12b. KIND OF BUSINESS OR give street oddress). Frederick County Jail during most of working life, even if retired.) INDUSTRY Frederick death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY PEGERICK Frederick YES NO Unknown ofter 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Mary Joshua Zimmerman Virginia Albert John Roberts hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Prederick, Id. (Yes, no or unknown) (If yes give war or dates of service) Russell W. Zimmerman, Jr. 323 E. Third St. 214 10 1685 Eile 1 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: certificate should be execu-"pending IMMEDIATE CAUSE (o) forworded to the Chief Med DUE TO, OR AS A CONSEQUENCE OF . buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS TONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 05 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO pe 4 should be 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M prior to buriol, cremation, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my apinion Natural causes Accident . Suicide . death resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 812 Toll Housepull MEDICAL EXAMINER A **EXAMINER'S** NAME (Type) Robert J. Thomas, M.D. Frederick, MaDDRESS(Street, city, town, or county) 50 23a. BURIAL, CREMATION 23b. OATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mount Olivet Cemetery Dec. 16.1968 Frederick Frederick M ADDRESS Falle. 24. FUNERAL DIRECTOR 2Sa. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (M. R. Etchison & Son, Frederick, Maryland DATE DEC 10M REV.

MAKTLAND STATE DEPARTMENT OF HEALTH

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